CCL 205 9/2003

Provider's Signature _

Kansas Department of Health and Environment Bureau of Child Care and Health Facilities 1000 SW Jackson, Suite 200 Topeka, KS 66612-1274 Phone (785) 296-1270 Fax (785) 296-0803 www.kdheks.gov/kidsnet



INSTRUCTIONS: Record ea	ICENSED DAY CARE/GROUP DAY CARE HOME INSTRUCTIONS: Record each child's name (including the provider's own children under eleven years of age), date of birth and the days in care. Draw a line from the time the child arrives to the time the child leaves. All information must be complete.																																						
Name of Facility exactly as it appears on the license Street Address													License Number County														· · · · · · · · · · · · · · · · · · ·												
												City										Zip Code																	
Name of Child Including First and Last Name	Date of Birth	Day(s) of Week	6:00 AM	6:30	7:00	7:30	8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00 Noon	12:30	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30	2:00	5:30	6:00	6:30	7:00	7:30	8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	MIDNIGHT
Example 7:30 AM Jane Doe 4:30 PM	2/08/76	MTWThF				<	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	>													-	_	
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The attest that the above infor	mation is true	and correct.																																					

Date_